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## BIB DATA SHEET

CONFIRMATION NO. 7009

<b>SERIAL NUMBER</b> 10/706,685	<b>FILING or 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> 1238DIV	
<b>APPLICANTS</b> James F. McGuckin JR., Radnor, PA; Peter W. J. Hinchliffe, Downingtown, PA; <b>** CONTINUING DATA *****</b> This application is a DIV of 10/011,345 12/05/2001 PAT 6,676,698 which claims benefit of 60/317,801 09/07/2001 and is a CIP of 09/877,639 06/08/2001 PAT 6,695,878 and is a CIP of 09/877,480 06/08/2001 PAT 6,527,800 which claims benefit of 60/214,120 06/26/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 02/10/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ANN SCHILLINGER/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 32	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> NEIL D. GERSHON REX MEDICAL 1011 HIGH RIDGE RD Stamford, CT 06905 UNITED STATES					
<b>TITLE</b> Vascular device with valve for approximating vessel wall					
<b>FILING FEE RECEIVED</b> 512	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		